

Case Number:	CM14-0109360		
Date Assigned:	08/01/2014	Date of Injury:	11/18/2013
Decision Date:	09/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50-year-old male who was injured on 11/18/2013. The diagnoses are bilateral shoulder pain and neck pain. The past surgery history is significant for right shoulder surgery. The MRI showed right shoulder tendinopathy and acromio-clavicular arthropathy. There was degenerative disc disease of the cervical spine. On 7/11/2014, [REDACTED] PA-C / [REDACTED] noted a pain score of 6-7/10 on a scale of 0 to 10. The patient complained of neck pain radiating to the right upper extremity. The patient completed 12 sessions of post-operative PT. A Utilization Review determination was rendered on 6/18/2014 recommending non certification for hydrocodone/APAP/Ondansetron 10/300/2mg #60 and topical Flurbiprofen 20%/cyclobenzaprine 10%/menthol 4%.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone/APAP/ Ondansetron 10/300/2mg Tablet; 1-2 Tablets by Mouth Every 6hours As Needed for Pain#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 91, 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (ODG) Pain Chapter Page(s): 66, 74-96.

Decision rationale: The CA MTUS and the ODG addressed the use of opioids in the treatment of acute exacerbations of chronic pain. The record did not indicate the presence of severe pain that did not respond to non-opioid medications. There was no indication for the use of customized product containing Ondansetron. The guidelines recommend that Ondansetron be utilized to prevent nausea and vomiting during the post-operative period and during chemotherapy treatment. The criteria for the use of Hydrocodone/APAP/ Ondansetron 10/300/2mg Tablet, 1-2 Tablets by Mouth Every 6hours as needed for Pain #60 is not medically necessary.

Flurbiprofen 20% /Cyclobenzaprine 10% /Menthol 4% 180gm CreamApply 2-3 Times a Day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111,112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73, 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic and musculoskeletal pain. Compound topical preparations can be utilized when patient have failed treatment with first line medications such as NSAIDS, anticonvulsants and antidepressants. The record did not show that the patient failed treatment with first-line medications. The guideline recommends that topical products be tried and evaluated individually for efficacy. There is no FDA or guideline approved indication for the use of topical cyclobenzaprine or menthol in the treatment of chronic musculoskeletal pain. The criteria for the use of topical compound flurbiprofen 20%/cyclobenzaprine10%/menthol 4% are not medically necessary.